# HIV Programmatic

Center for HIV/AIDS and STI (CHAS)
Ministry of Health
Oct_2024

# Outline

1. HIV program progress made so far (results and best practices), challenges and proposed solutions.
2. Status of the HIV referral system, challenges, and proposed solutions.
3. Summary on status of case-based reporting of unique individuals.
4. Highlight progress on TRP issues including any bottleneck or pending issues.
5. Progress on implementing HSS plus.
6. Status of coverage and functionality of the DHIS 2 for HIV.

# 1. HIV program progress

# PBC 6 Overall objective

**This PBC aims to increase access to quality of people-centred based approach for HIV services for all the people living with HIV, key populations** through adoption and expansion of innovative and differentiated service delivery (DSD) models including HIV testing, PrEP and ART with strong involvement and participation of the affected communities and key populations.

# PBC 6: Key populations and people living with HIV/AIDS access to HIV services

**ANNUAL TARGET OF YEAR 1 (2024):**

6.1 At least 93% of FSW in the 5 target sites that have received an HIV test during the reporting period and know their results.
6.2 At least 57% of MSM/TG in the 5 target sites that have received an HIV test during the reporting period and know their results.
6.3 At least 64% of people living with HIV on ART among all people living with HIV at the end of the reporting period
6.4 At least 1,100 cases of MSM/TG who received any PrEP product at least once during the reporting period.
6.5 At least 89% of people living with HIV on ART with a viral load test result at least once during the reporting period.

**CURRENT STATUS: Sept-2024 (Y1)**

| PBC | TARGET | ACHIEVED | PREOGRESS |
|---|---|---|---|
| PBC 6.1 | 93% (9,475) | 57% (5,836) | 62% |
| PBC 6.2 | 57% (4,435) | 22% (1,764) | 39% |
| PBC 6.3 | 64% (11,979) | 68% (12,639) | 106% |
| PBC 6.4 | 1,100 cases | 568 cases | 52% |
| PBC 6.5 | 89% (10,610) | 93% (10,725) | 104% |

# #. PBC 6.1 Percentage of female sex workers (FSW) in the 5 target sites that have received an HIV test during the reporting period and know their results (Progress )

| Province | Target HIV Tested for FSW | | HIV Tested for FSW | | Progress | POS | Referred to ARV | % Referred |
|---|---|---|---|---|---|---|---|---|
| | Y1 | | Y1 (Sept_2024) | | Y1 | Y1 | | |
| | No. | % | No. | % | | | | |
| Vientiane Capital City | 3758 | 93% | 3,001 | 74% | 80% | 4 | 3 | 75% |
| Vientiane Province | 1565 | 93% | 893 | 53% | 57% | | | |
| Khammouan | 1304 | 93% | 345 | 25% | 27% | 4 | 2 | 50% |
| Savannakhet | 1582 | 93% | 1,076 | 63% | 68% | 3 | 3 | 100% |
| Champasack | 1266 | 93% | 521 | 38% | 41% | | | |
| **HANSA PBC Target** | **9,476** | **93%** | **5,836** | **57%** | **62%** | **11** | **8** | **73%** |

| Org. | Provinces | | | Total | % Cover |
|---|---|---|---|---|---|
| CSO | VTP | KM | CPS | 4,136 | 44% |
| PCCA | VTE | SVK | | 5,341 | 56% |

Data Export: 1Oct2024

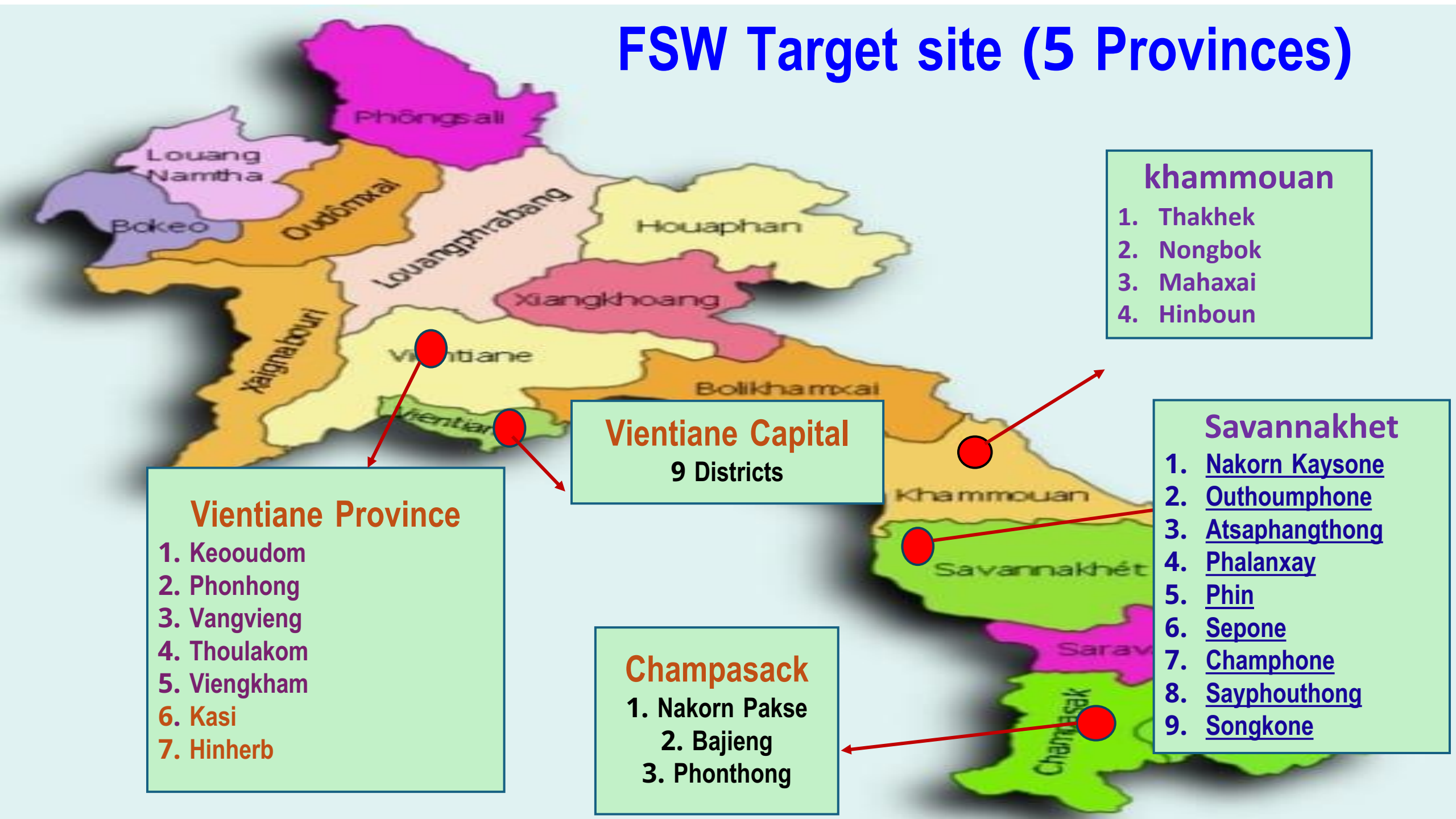
# #. PBC 6.2 Percentage of men who have sex with men/transgender (MSM/TG) in the 5 target sites that have received an HIV test during the reporting period and know their results

| Province | Target HIV Tested for FSW | | HIV Tested for FSW | | Progress | POS | Referred to ARV | % Referred |
|---|---|---|---|---|---|---|---|---|
| | Y1 | | Y1 (Sept_2024) | | Y1 | Y1 | | |
| | No. | % | No. | % | | | | |
| Louangphabang | 1,190 | 93% | 280 | 13.4% | 23.5% | 2 | 2 | 100% |
| Xainyabouli | 736 | 93% | 266 | 21% | 36% | 4 | 4 | 100% |
| Vientiane | 1,366 | 93% | 570 | 24% | 42% | 5 | 4 | 80% |
| Bolikhamxai | 422 | 93% | 310 | 42% | 73% | 4 | 4 | 100% |
| Khammouan | 721 | 93% | 300 | 24% | 42% | 1 | 1 | 100% |
| **HANSA PBC Target** | **4,435** | **93%** | **1,726** | **22%** | **39%** | **16** | **15** | **94%** |

| Org. | Provinces | | | | Total | % Cover |
|---|---|---|---|---|---|---|
| CSO | LPB | SYB | VTP | KM | 4,013 | 90% |
| PCCA | BKX | | | | 422 | 10% |

Data Export: 1Oct2024

# FSW Target site (5 Provinces)




## khammouan

1. Thakhek
2. Nongbok
3. Mahaxai
4. Hinboun

## Vientiane Capital

9 Districts

## Vientiane Province

1. Keooudom
2. Phonhong
3. Vangvieng
4. Thoulakom
5. Viengkham
6. Kasi
7. Hinherb

## Savannakhet

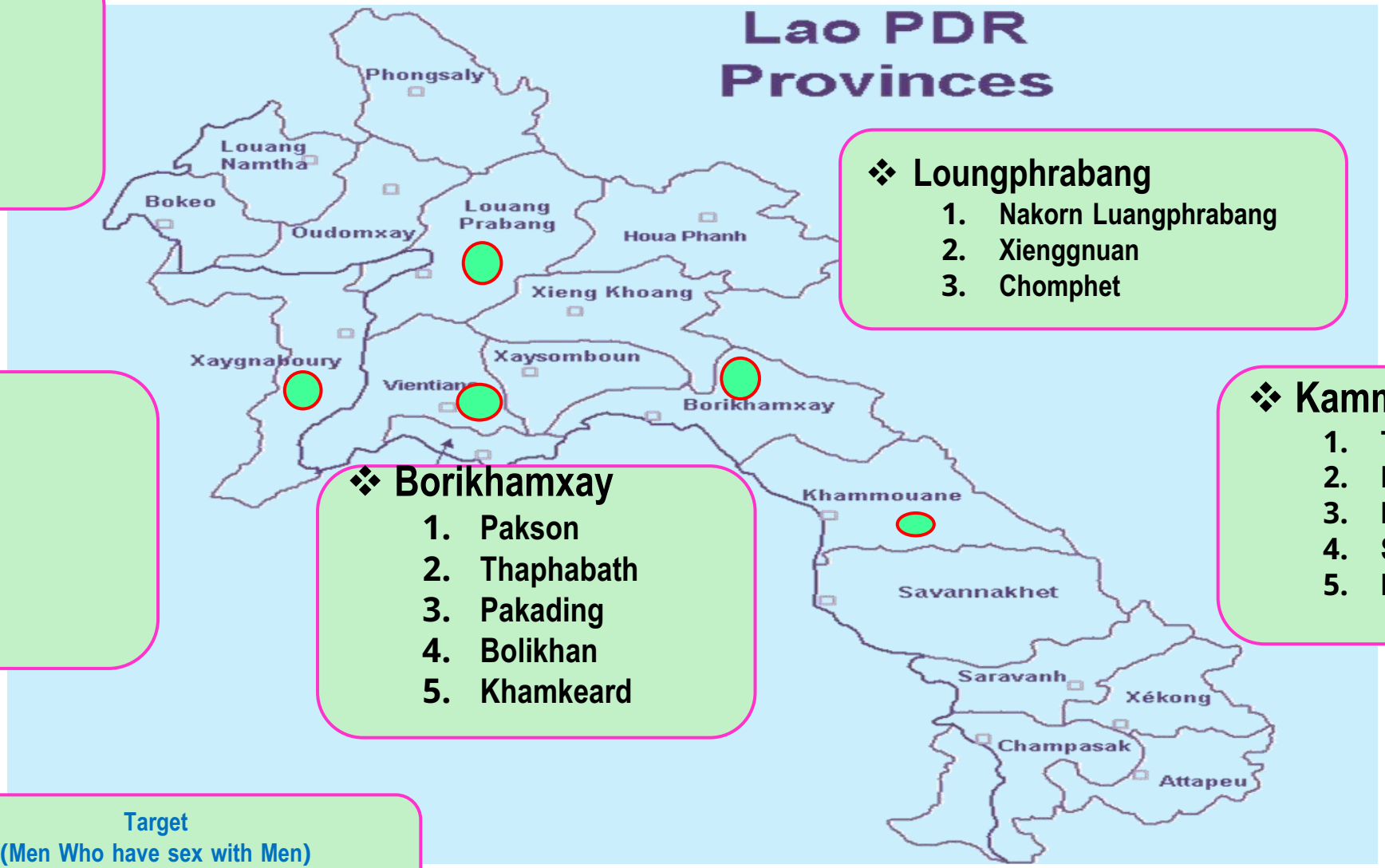
1. Nakorn Kaysone
2. Outhoumphone
3. Atsaphangthong
4. Phalanxay
5. Phin
6. Sepone
7. Champhone
8. Sayphouthong
9. Songkone

## Champasack

1. Nakorn Pakse
2. Bajieng
3. Phonthong

# MSM/TG Target sites (5 Provinces)

❖Sayaboury
1. Saya
2. Paklay
3. Phieng
4. Hongsa




❖ Loungphrabang
1. Nakorn Luangphrabang
2. Xienggnuan
3. Chomphet

❖Vientiane
1. Phonehong
2. Thoulakom
3. Keooudom
4. Viengkham
5. Vangvieng

❖ Borikhamxay
1. Pakson
2. Thaphabath
3. Pakading
4. Bolikhan
5. Khamkeard

❖ Kammoun
1. Thakhere
2. NongBok
3. Mahasay
4. Sebangfai
5. Hinboun

Target
- MSM (Men Who have sex with Men)
- TG (Transgender)
- Partner MSM and TG

# Challenges:

- Delayed disbursement of budget allocations has restricted the timeframe for the implementation
- Volunteers are not paid on a constant basis, therefore activities become inconsistent and disrupted
- Volunteers resigned due to a lack of continuous compensation, insufficient training provision, and the recruitment could not be completed in time
- Identifying and reaching the target group, particularly mobile sex workers, can be a challenging task
- There are delays in both the replacement plan and the purchase of test kits and related equipment
- HIV services need to be expanded to include VL and EID testing with GXP machines at the district level
- Co-financing of government plans for 2024-2026 remains challenging

# Solutions:

- Enhancing coordination and collaboration between the MOM, provincial authorities/partners to provide clarity on budget allocations and allow some flexibility in budget transferring
- Expend and integrate HIV services with other programs
- Increase peer support for community testing, including STI screening, reproductive health, build POC where location FSW meets
- Improve linkage to care, train healthcare staffs to referrals effectively about important of same-day ART
- Actively following up with PLHIVs who miss appointments, conduct ARV gaps analysis to address barrier to care
- Provide training for data entry focal point on the importance of accurate data entry, allow feedback channel where staff can report difficulties
- Regularly monitor stock levels and train staff to maintain accurate stock records and forecast in order to fast replacements

# 2. Status of the HIV referral system

# HIV referral system

**Status of the HIV referral:**

- HIV referral link to care improved from 87% in 2023 to 88% in 2024
- There are WS to inform and improve quality of transferring process as referral status to PCCA, develop Referral form, DQA monitor link to care result
- Implement DQA and routine follow up on site and online

**Challenge:**

- The regulation of entertainment venues restricts female sex workers (FSWs) from staying out for extended periods. The owner rarely permits because the FSW will take around two days to return to work.
- FSW is concerned about the expenses associated with health screenings prior to getting ARV.
- FSW is not prepared for treatment and would rather return home.
- PLHIV are seeking care services in Thailand.

**solution:**

- Venues should consider extending service hours to accommodate FSW who may be available for appointments outside of regular hours including night or weekend services.
- Promote access to health insurance that may cover the costs of health checks and potential HIV treatment.
- Implement peer support where FSWs can share trust, and provide emotional support to one another to ARV treatment.

# 4. Highlight progress on TRP issues

# Applicant Response Form: TRP comment

## Issue 3: Low Coverage of antiretroviral treatment (ART) in children

**Issue description:**

Coverage of children for antiretroviral treatment is 49% and mortality is high (25% in 2021) (Essential Data Tables), with no observable plan to address this issue in the funding request (draft PAD), though the problem is clearly described in the NSP.

**Action 1:**

The TRP requests the applicant to develop a root cause analysis and short action plan (not more than five pages) to address the low pediatric ART coverage including more effective Prevention of Mother-To-Child Transmission, Early Infant Diagnosis and the use of new dolutegravir based regimens, demonstrating how ambitious results will be achieved and how this plan will be resourced in the context of the HANSA II blended finance instrument.

**Timeline:** Within 6 months from the grant start date

# Applicant Response Form: TRP comment

## Issue 3: Low Coverage of antiretroviral treatment (ART) in children

**Response:**

CHAS, with the technical support from WHO and CHAI, has conducted the root cause analysis on the low coverage of ART in children and submitted the short action plan to GF in July 2024.

**Root Cause Analysis Summary:**

The factors related to the client, service delivery, environment, system, and supply have been identified.

# Applicant Response Form: TRP comment

## Issue 3: Low Coverage of antiretroviral treatment (ART) in children

**The proposed interventions focus on the following areas:**

a. Education and Support for Clients: Collaborating closely with community supporters and peer networks to provide education and support.
b. Improving the Quality of HIV Services: Enhancing the quality of HIV services within healthcare facilities and creating a favorable environment for care.
c. Improving the Referral System and Follow-Up: Strengthening the referral system and ensuring effective follow-up for clients.
d. Enhancing HIV and ANC Services: Integrating HIV services with antenatal care (ANC) services to ensure a continuum of care and availability of testing.
e. Availability of Treatment Services: Ensuring that treatment services are accessible for both mothers and children.

***The proposed intervention activities can be implemented under the main activities of HANSA II, particularly focusing on the quality improvement of HIV services and the reduction of stigma and discrimination (S&D).***

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# 5. Progress on implementing HSS plus

# HSS Plus

## 1. Finalized protocol HSS +:

| Pop | Methodology | Site | Sample Size |
|---|---|---|---|
| MSM/TG | RDS | 1. North: LPB<br>2. Central: VTE<br>3. South: SVK | 150 cases/province |
| FSW | PPS | 1. North: BK ( 3 Districts)<br>2. Central: VTE ( 4 Districts)<br>3. South: SVK ( 4 Districts) | 200 cases/province |

## 2. Project timeline for HSS+ implementation :

| N | Activity | 2024 | | | | 2025 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| **Phase 1: Preparation and implementation of HSS+** | | | | | | | | | | |
| 1 | Submission to national ethics committee opproval | | | | | | | | | |
| 2 | Advocacy meeting at selected sites and training relevant staffs, including field staffs; Start recruitment | | | | | | | | | |
| 3 | HSS+ implementation | | | | | | | | | |
| **Phase 2: Analysis and Report writing of HSS+** | | | | | | | | | | |
| 1 | Data cleaning and analysis | | | | | | | | | |
| 2 | Data interpretation | | | | | | | | | |
| 3 | Report writing | | | | | | | | | |
| 4 | Dissemination workshops | | | | | | | | | |

RDS (Respondent Driven Sampling); PPS (Probability proportional to size)

# 6. Status of coverage and functionality of the DHIS 2 for HIV

# DHIS2

## 1. DHIS2 for HIV Status of coverage:

- HMIS platform: VCT & STI covered for 196 sites, For HC covers 12 site at KM, SVK, and CPS
- DHIS2 tracker: All ARVs and POCs sites in 18 provinces

## 2. DHIS2 version "2.40.4.1"

- The HIV tracker: UICs are duplicated across three programs (CSO, PrEP, and HIV ARV), which has caused difficulties in registering individuals, regardless of whether they are the same person or not.
- Data retrieval for the HIV ART reports is quite slow
- Data sharing between HMIS and the ARV tracker is necessary to ensure linkage and facilitate the referral system tracking all of people living with HIV, from VCT (Voluntary Counseling and Testing) to care and treatment (ARV)

| PBC No. | Availability | Documentary supports from CHAS | Standard report on DHIS2 | Challenges |
|---|---|---|---|---|
| PBC 6.1 (Cont.) | 100% | 100% | 100% | |
| PBC 6.2 (Cont.) | 100% | 100% | 100% | |
| PBC 6.3 (Cont.) | 70% | 100% | IT technical team are scaling up on formulation and improvements to the data extraction process for the standard report, to align with the definitions and sub-conditions of the indicators. | Due to this indicator is cumulative count of PLHIV on ART (each individuals counted only once per reporting period) includes various sub-conditions (e.g., reporting period, due date, appointment date, loss to follow-up, deceased cases, etc.), which require deliberate formulation to ensure alignment with the raw data. |
| PBC 6.4 (New) | 70% | 100% | IT technical team are scaling up on formulation and improvements to the data extraction process for the standard report, to align with the definitions and sub-conditions of the indicators. | |
| PBC 6.5 (New) | 70% | 100% | IT technical team are scaling up on formulation and improvements to the data extraction process for the standard report, to align with the definitions and sub-conditions of the indicators. | Both numerators and denominators represent cumulative counts (with each individual counted only once per reporting period) and involve sub-conditions such as reporting period versus the last 12 months before the cut-off date, 180 days of eligibility for viral load testing for those who started ART, loss to follow-up, and other relevant conditions. These factors require deliberate formulation to ensure consistency with the raw data. |


END INEQUALITIES.
END AIDS.